Substitute for form 1449/PTO			*Complete if Known*	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT *(Use as many sheets as necessary)*			Application Number	10/698,985
			Filing Date	October 31, 2003
			First Named Inventor	DiFrancesco, David
			Art Unit	2621
			Examiner Name	Chikaodili E. Anyikire
Sheet	1	of	1	Attorney Docket Number	021751-002110US

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Examiner Initials*	Cite No.[1]	Document Number — Number Kind Code[2 (if known)]	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No.[1]	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T[2]
			☐

Examiner Signature		Date Considered	

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